

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101070537		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
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TOTAL IND.	↓		1		↓		↓		↓	
TOTAL DEP.	↓		8		↓		↓		↓	
TOTAL CLAIMS	↓		9		↓		↓		↓	